.pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09904288

CLAIMS AS FILED - PART I					·			SMALL ENTITY			OTHER THAN	
(Column 1)			1)	(Column 2)			TYPE		OR SMALL		NTITY	
TOTAL CLAIMS			(9					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS				· 6			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 3 =				6			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT					/			+135=	135,00	OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	·	TOTAL	49010	'	TOTAL	
CLAIMS AS AMENDED - PART II										-	OTHER	
(Column 1) (Column 2) (Column 3								SMALL	ENTITY	OR .	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE :
	Total	•	Minus	**		=	X.	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	T CL AIM	<u> - </u>		X40=		OR	X80=	
L	FIRST PRESE	NIATION OF MI	ULTIPLE DEP	ENDEN	I CLAIM			+135=		OR	+270=	
	•		· · · · · ·					TOTAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		;	ADDIT. FEE	
_		(Column 1)			IMN 2) HEST	(Column 3)	l i	· · · · · · · · · · · · · · · · · · ·	ADDI	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4114	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				I CLAIM]	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	. ,	=		X\$ 9=		OR	X\$18=	ï
圓	Independent	•	Minus	***		=		X40=			X80=	
◄	FIRST PRESENTATION OF MULTIPLE DEPENDENT									OR		
+135=										OR	+270=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
1	The "Highest Nur	nhor Proviously r	aid For" (Total a	r Indonor	dent) is th	e highest numbe	or fo	und in the an	nronriate bo	x in co	olumn 1.	